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# Funding Doubled for Mental Health Diversion

## *First Response for Mental Health Calls In Proposed City Budget for FY21*

In a move that will ensure a better mental health crisis response for Austin's community, the City Manager's **proposed budget** for next year, released on Monday, July 13, doubles funding to the Mental Health Diversion program, designed to divert first responder calls with a mental health component to appropriately trained professionals.

The program and the additional funding are the result of initiatives brought by Council Members Ann Kitchen and Greg Casar in 2018 and 2019 in an effort to treat mental health intervention as a health care issue rather than as a law enforcement issue. Direction to bring the program to scale was brought by Council Members Kitchen and Leslie Pool as an amendment to the recently passed **policing budget resolution** sponsored by Council Member Natasha Harper-Madison. These measures also help address the broader community's calls to reimagine public safety and to ensure that health and social service needs, such as mental health care, are addressed by trained professionals in the community.

The City Manager's proposed budget doubles the program's funding to a total of over \$5.2 million, which sustains last year's initial \$2.6 million investment in the Expanded Mobile Crisis Outreach Team (EMCOT) for mental health clinicians and Community Health Paramedics to provide appropriate response on first responder calls. The budget also allocates an additional \$2.7 million to increase the scale of the program. Those new funds include:

- Increased investment in the 911 call center to train call takers and to increase the number of clinicians available to provide intervention and support;
- Expanded EMCOT clinical positions to partner with Community Health Paramedics for response;
- Increased Community Health Paramedic teams for on-the-scene treatment and/or full diversion for mental health care;
- Nurse and physician oversight of response calls;
- Extended community reach with telehealth technology;
- Added outreach to underserved communities about mental health diversion opportunities;
- Expert implementation across agencies;
- Ongoing analysis and review of results to ensure adequate funding and processes to reach desired outcomes.

Council Member Kitchen stated: "People experiencing a mental health crisis need an immediate health care response as well as follow-up care. This program offers a mental health professional when a person calls 911. Doubling the budget for this program and periodic review, gets us closer to ensuring funding for the program meets our community's need."

Council Member Pool is pleased "that the city manager has increased funding for the necessary services that puts boots on the ground for trained mental health professionals to address these needs in our community. This will benefit our first responders as well as our citizens."

"The way we respond to a person having a mental health crisis shouldn't be the same way we respond to a bank robbery. I've said from the beginning that fundamentally altering our approach to public safety will be a long journey, and this step towards more compassionate mental health diversion and intervention starts us out on rock-solid footing," said Council Member Natasha Harper-Madison.

Council Member Greg Casar added: "You do not fix mental health issues by cycling people in and out of jail. Our whole community will be more safe if we actually treat mental illness as a healthcare priority. The City is finally taking a real step in that direction."

Like many U.S. cities, Austin has experienced a disproportionate number of "use-of-force" cases during emergency response calls involving people with mental health issues, particularly with people of color. Published studies recently cited by Integral Care, our Local Mental Health and Intellectual and Developmental Disability Authority, reveal that individuals with untreated mental illness are 16 times more likely to be killed in a police encounter than others. The studies also show that people of color experience mental health crises more frequently and with greater impact.

In addition, many individuals experiencing a mental health crisis also have substance use and social service needs, which are better addressed with trained professionals and alternative solutions rather than with strictly a police response. The Mental Health Diversion program was crafted following a **study commissioned by the city** from the Meadows Policy Institute which was commissioned by the city through the 2018 budget initiative by CMs Kitchen and Casar. The program is designed for health professionals to work collaboratively with police to ensure a health care response to health care needs, increasing positive outcomes and improving the overall health of our community.

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For reference:

### **Description of the Program**

The program is designed to send the appropriate response to the call. The first step is the 911 call center, where callers would be informed that a mental health response is an option and trained call takers work with onsite professionals to triage calls, providing a health care response to a health care emergency. The mental health professionals also work with police to ensure a positive outcome in those cases when it is determined that a law enforcement presence is appropriate.

The reach of the mental health clinicians is also extended by telehealth technology by which a Community Health Paramedic or police officer can, using an electronic device, make the clinician virtually available on the scene, helping overcome distance and traffic congestion / travel time issues. By sending the appropriate responder with available interventions, people experiencing a mental health crisis can be diverted from incarceration and emergency rooms.

Importantly, those served are connected to community-based, residential or inpatient services depending on need. The follow-up services ensure treatment and support during the crisis episode and linkage to ongoing services, humanely helping people have a future out of crisis mode and the emergency response system.

In 2018 Austin City Council authorized development of a plan for a first response to mental health calls program.

In 2019 council authorized implementation and initial funding for this program which achieved successful diversion from arrest and Emergency Detention (Involuntary Commitment). The FY 20-21 allocations will build the program to scale, resulting in more diversions of health care issues to a health care response while saving law enforcement resources, increasing positive outcomes and improving the overall health of our community.

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